L05000065130

Florida Department of State
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03/22/2010 12:29 3056339696 EMPIRE CORP KIT PAGE 01/04
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COVER LETTER

(4)

TO: *Registration Section*
Division of Corporations

SUBJECT: Carimex LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfredo D. Xiques
Name of Person

Eduardo Jose Garcia, P.A.
Firm/Company

2950 SW 27th Avenue, Suite 300
Address

Miami, Florida 33133
City/State and Zip Code

axiques@rptgfla.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo D. Xiques at (305) 358-4800
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
10 MAR 22 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carimex LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/30/2005 and assigned Florida document number L05000065130.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

03/22/2010 12:29 3056339696 EMPIRE CORP KIT PAGE 03/04

H10000064366

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article II, Purpose is hereby amended to read as follows:

"General construction activities both commercial and residential of any kind whatsoever, other lawful actions and undertakings permitted of a limited liability company under the laws of the State of Florida or the state or country where the Company is transacting business at any given time."

Dated March 22 2010.

Signature of a member or authorized representative of a member

E. David Bensadon
Typed or printed name of signer

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03/22/2010 12:29 3056339696 EMPIRE CORP KIT PAGE 04/04